



FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 		1. FILE NUMBER <u>541-462</u>	2. PERIOD COVERED MO DAY YEAR From <u>01 01 2000</u> Through <u>12 31 2000</u>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
GORDON ELDRIDGE (2) 541-462 AIRCRAFT MECHANICS ASN IND 331 IU 33MSP 7801 METRO PARKWAY STE 200 BLOOMINGTON, MN 55425 12/2000 				8. MAILING ADDRESS (Type or print in capital letters.) First Name _____ Last Name _____ P.O. Box • Building and Room Number (if any) _____ Number and Street _____ City _____ State _____ ZIP Code + 4 _____
4. AFFILIATION OR ORGANIZATION NAME				City _____ State _____ ZIP Code + 4 _____
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER		
7. UNIT NAME (if any)				
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number <u>14.</u>	<u>INDEPENDANT AUDIT REQUIRED EACH YEAR PER BYLAWS.</u>
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Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>Steve M. [Signature]</u> <u>03 1 30 1 2001 (952) 851-3580</u> Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>Gordon H. Eldridge</u> <u>03 1 30 1 2001 (952) 851-3580</u> Date Telephone Number	TREASURER (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? Yes ☐ No ☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ☐ ☒
12. Have a political action committee (PAC) fund? ☐ ☒
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ☐ ☒
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ☒ ☐
15. Discover any loss or shortage of funds or other property? ☐ ☒
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ☐ ☒
17. Liquidate or reduce any liabilities without disbursement of cash? ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 5211
19. What is the date of your organization's next regular election of officers? MO 12 YEAR 2001
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 500,000
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 16.64-48.14 per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 100.00
(c) Transfer Fees	\$ N/A
(d) Work Permits	\$ N/A per N/A (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes ☒ No ☐
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 541-462

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
	25. Cash.....		383 880	317 354
	26. Accounts Receivable.....		0	902
	27. Loans Receivable.....	1	5000	0
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	0	0
	30. Fixed Assets.....	5	45 826	54 160
	31. Other Assets.....	3	850	39 080
	32. TOTAL ASSETS.....		435 556	409 692

LIABILITIES	LIABILITIES	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (C)	Period (D)
	33. Accounts Payable.....		186 289	130 598
	34. Loans Payable.....	8	0	0
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	0	8 544
	37. TOTAL LIABILITIES.....		186 289	139 142
	38. NET ASSETS (Item 32 less Item 37).....		249 267	270 550

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 541-462

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			1630893	56. To Officers	9		318437
40. Per Capita Tax			0	57. To Employees	10		229483
41. Fees			0	58. Per Capita Tax			0
42. Fines			0	59. Fees, Fines, Assessments, etc.			0
43. Assessments			0	60. Office & Administrative Expense	13		708538
44. Work Permits			0	61. Educational & Publicity Expense ...			0
45. Sale of Supplies			0	62. Professional Fees			334758
46. Interest			28088	63. Benefits	11		117190
47. Dividends			0	64. Contributions, Gifts & Grants	12		1750
48. Rents			1656	65. Supplies for Resale			0
49. Sale of Investments & Fixed Assets	6		0	66. Direct Taxes			28214
50. Loans Obtained	8		0	67. Withholding Taxes			0
51. Repayments of Loans Made	1		5000	68. Purchase of Investments & Fixed Assets	7		0
52. On Behalf of Affiliates for Transmittal to Them			0	69. Loans Made	1		0
53. From Members for Disbursement on Their Behalf			0	70. Repayment of Loans Obtained	8		0
54. Other Receipts	14		6207	71. To Affiliates of Funds Collected on Their Behalf			0
				72. On Behalf of Individual Members ...			0
				73. Other Disbursements	15		0
55. TOTAL RECEIPTS			1671844	74. TOTAL DISBURSEMENTS			1738370

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 541-462

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: <u>MEMBER SERVICES</u> Purpose: <u>ACCOUNTS PAYABLE</u> Security: <u>N/A</u> Terms of Repayment: <u>N/A</u>	5,000.		5,000.		0
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)	0				
5. Totals of loans not listed above	0				
6. Totals of Lines 1 through 5	5000	0	5000	0	0
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> ↑ Item 27 Column (A) ↑ Item 69 ↑ Item 51 ↑ Item 75 with Explanation ↑ Item 27 Column (B) </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 541-462

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. PREPAID LEGAL FEES	16,000.
2. PREPAID RENT	22,961.
3. UNDEPOSITED FUNDS	119.
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	39,080
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. CAPITAL LEASE OBLIGATION	8,544.
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	8,544
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: **541-462**

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	61,624.	7,464.	54,160	
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			54,160	

Enter the Total from Line 8, Column (D) in Item 30, Column (B)

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	

Enter the Total from Line 8 in Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 541 - 462

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		
Enter the Total from Line 8 in ↑ Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in ↑ Item 34					
..... ↑ Item 50					
..... ↑ Item 70					
..... ↑ Item 75					
..... ↑ Item 34					
..... ↑ Column (D)					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 541-462

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*					
Last Name: 1. MACFARLANE First Name: STEPHEN Title: PRESIDENT Status: C		61167	5412	58	0	66637
Last Name: 2. YOUNG First Name: JAMES Title: VICE PRESIDENT Status: P		61914	4507	178	0	66599
Last Name: 3. ATKINSON First Name: JAMES Title: VICE PRESIDENT Status: N		0	925	0	0	925
Last Name: 4. GROUT First Name: MICHAEL Title: SECRETARY Status: C		63184	5953	0	0	69137
Last Name: 5. ELDRIDGE First Name: GORDON Title: TREASURER Status: C		51744	5549	0	0	57293
Last Name: 6. BUCHANAN First Name: DAVID Title: SAFETY / STDS. Status: P		13704	4624	248	0	18576
Last Name: 7. BAUMANN First Name: MARK Title: SAFETY / STDS. Status: N		0	500	0	0	500
8. Totals from additional pages (if any)		29,564.	14,330.			43,894.
9. Totals of Lines 1 through 8		281,277.	41,800.	484.		323,561.
				10. Less Deductions 5124		
Enter the Total from Line 11 in Item 56 →				11. Net Disbursements 318437		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 541-462

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>1. STANG SUSAN</div> <div>Position</div> <div>OFFICE MANAGER</div> <div>Name of Affiliated Organization</div> </div>	26 983	2322	0	0	29305
<div> <div>Last Name</div> <div>First Name</div> <div>2. MATHEWS LISA</div> <div>Position</div> <div>OFFICE TEMP</div> <div>Name of Affiliated Organization</div> </div>	1326	0	0	0	1326
<div> <div>Last Name</div> <div>First Name</div> <div>3. SCHROT TAMIE</div> <div>Position</div> <div>OFFICE TEMP</div> <div>Name of Affiliated Organization</div> </div>	52	0	0	0	52
<div> <div>Last Name</div> <div>First Name</div> <div>4.</div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
<div> <div>Last Name</div> <div>First Name</div> <div>5.</div> <div>Position</div> <div></div> <div>Name of Affiliated Organization</div> </div>	0	0	0	0	0
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	207,748.	0	0	0	207,748.
8. Totals of Lines 1 through 7	236,109.	2,322.	0	0	238,431.
9. Less Deductions			8948		
Enter the Total from Line 10 in..... Item 57 ⇨			10. Net Disbursements 229,483		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 541-462

Description (A)	To Whom Paid (B)	Amount (C)
1. DUES REIMBURSEMENT	MEMBERS	71,624.
2. MEMBERSHIP DONATIONS	MEMBERS	20,021.
3. BEREAVEMENT	FLORIST	10,014.
4. RETIREMENT GIFTS	MEMBERS	8,404.
5. Total from additional pages (if any)		7,127
6. Total of Lines 1 through 5		117,190.
Enter the Total from Line 6		↑ Item 63


**SCHEDULE 12 —
CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1. OTHER UNIONS	1,750.
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1,750
Enter the Total from Line 8 in ↑ Item 64	


**SCHEDULE 13 —
OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)
1. NEGOTIATION EXPENSE	446,136.
2. RENT	105,874.
3. OFFICE SUPPLIES/EQUIPMENT	46,556.
4. PRINTING AND POSTAGE	28,505.
5. TELEPHONE	24,730.
6. ELECTIONS	13,572.
7. Total from additional pages (if any)	43,165.
8. Total of Lines 1 through 7	708,538
Enter the Total from Line 8 in ↑ Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. CONTRIBUTIONS	4,108.
2. SALES	1,897.
3. REIMBURSED EXPENSES	202.
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	6207
Enter the Total from Line 17 in  Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	0
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME: AMFA LOCAL 33

ENDING DATE OF PERIOD COVERED: 12-31-2000

FILE NUMBER: 541-462

PAGE 1 OF 4 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name: <u>YOUNG</u> First Name: <u>MICHAEL</u> Title: <u>AIRLINE REP</u> Status: <u>C</u>		<u>29564</u>	<u>8330</u>	<u>0</u>	<u>0</u>	<u>37894</u>
Last Name: <u>CAHKINS</u> First Name: <u>PAT</u> Title: <u>COMMUNICATIONS</u> Status: <u>C</u>		<u>0</u>	<u>2750</u>	<u>0</u>	<u>0</u>	<u>2750</u>
Last Name: <u>SABO</u> First Name: <u>KENNETH</u> Title: <u>AIRLINE REP</u> Status: <u>P</u>		<u>0</u>	<u>1500</u>	<u>0</u>	<u>0</u>	<u>1500</u>
Last Name: <u>ECKELBERRY</u> First Name: <u>ERIC</u> Title: <u>AIRLINE REP</u> Status: <u>C</u>		<u>0</u>	<u>1750</u>	<u>0</u>	<u>0</u>	<u>1750</u>
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Totals		<u>29,564.</u>	<u>14,330.</u>	<u>0</u>	<u>0</u>	<u>43,894.</u>

ORGANIZATION NAME: AMFA LOCAL 33

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SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Totals						

AMFA LOCAL 33
12-31-2000

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SCHEDULE 11 - BENEFITS

Medical Insurance	Office Employee	4,871.00
Memorials	Charities	<u>2,256.00</u>

Total to Line 5: 7,127.00

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AMFA LOCAL 33
12-31-2000

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SCHEDULE 13 – OFFICE AND ADMINISTRATIVE EXPENSE

Training	11,567.00	
Travel	9,125.00	
Temporary Employment Service	7,600.00	
Committee Expenses	7,404.00	
Reimbursed Expenses	2,977.00	
Payroll Service	2,336.00	
Insurance	1,217.00	
Dues Pass Through	1,151.00	
Bank Service Charges	258.00	
Subscriptions	<u>189.00</u>	43,824.00
Leased Equipment		<u>-659.00</u>
Total to Line 10		\$ 43,165.00

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ADDITIONAL PAGES

